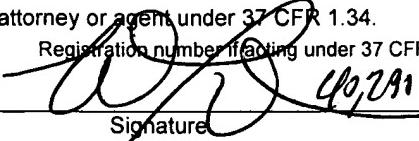




PTO/SB/22 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) SON-2895 |
|--|---|--------------------------------------|
| Application Number | 10/751,530-Conf. #3306 | Filed January 6, 2004 |
| For DATA TRANSMITTING APPARATUS AND DATA TRANSMITTING METHOD | | |
| Art Unit 2619 | Examiner A. M. Sol | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | Fee | Small Entity Fee |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the | <input type="checkbox"/> applicant/inventor. | |
| | <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>24,104 - 40,290</u> | |
| | <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number (if acting under 37 CFR 1.34) _____ | |
|  Signature _____ | | |
| Ronald P. Kananen – Christopher M. Tobin Typed or printed name | | April 8, 2008 Date |
| | | (202) 955-3750 Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> | Total of 1 | forms are submitted. |

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02 FC:1251 120.00 DA